

TO:	FAX:	NO. OF PAGES:	DATE:
From:	Customer:		
Contact:	Contact:		
Address:	Address:		
City:	State:	City:	State:
Phone:	Zip Code:	Phone:	Zip Code:
FAX:	FAX:		

If product will be used in more than one application, please fill out separate data sheets for each application.

1 JOB DESCRIPTION:

Quantity Needed: _____ Date Needed: _____

2 LINE PULL REQUIREMENTS:

Gross Weight of Load: _____

Load Moves on Track? _____

3 LIFT REQUIREMENTS: Below Base Lift:

Max. Hook Height: _____ Min. Hook Height: _____

Load Height: _____ Clearance Required: _____

Wire rope Specifications: _____

4 REACH REQUIREMENTS: Hook Reach:

Max. Hook Reach: _____ Min. Hook Reach: _____

Load Width: _____ Clearance Required: _____

Rotation: _____

5 WINCH REQUIREMENTS:

Hand 115 volt AC 12 volt DC

Hydraulic Pneumatic Drill Motor

Other: _____

6 BASE REQUIREMENTS:

Pedestal Base Socket Base Wall Mount Base

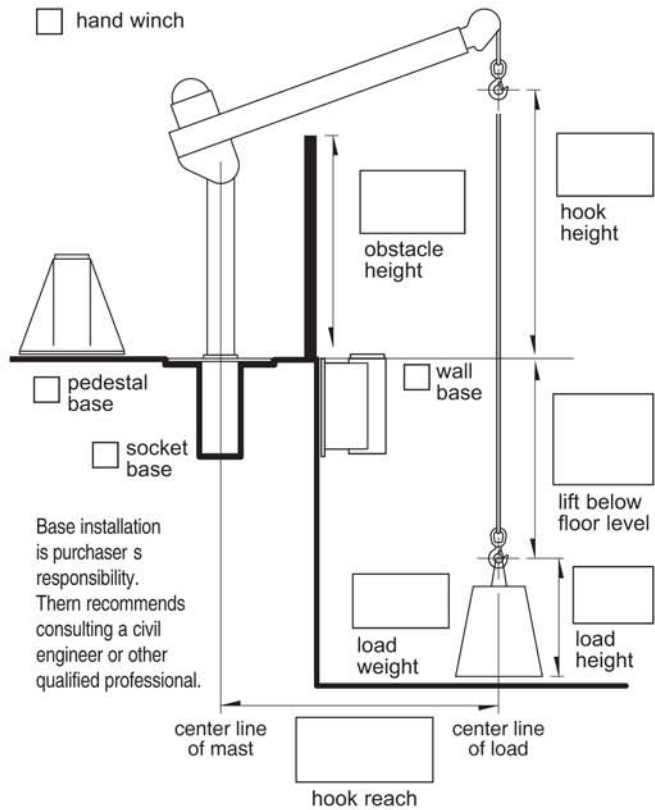
Wheel Base Mounting Surface: _____

7 ENVIRONMENT:

Indoor Outdoor Marine Corrosive

Hazardous Explosive Temp. Range: _____

- power winch
 hand winch



Base installation is purchaser's responsibility. Thern recommends consulting a civil engineer or other qualified professional.

8 FREQUENCY OF OPERATION:

Hours per Day: _____ Overloads or Shock Loads _____

9 MODIFICATIONS AND ACCESSORIES:

Galvanized Stainless Steel Epoxy Finish

Base Covers Wire Rope Keepers

Submitted By: _____ Phone: _____ Fax: _____

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